

Guidelines

Guidelines for Control of GI Illness in Nursing Homes

Last Revised: 02/22/99

VIRAL GASTROINTESTINAL ILLNESS IN NURSING HOMES

Outbreaks of viral gastrointestinal (GI) illness in nursing facilities are of particular concern since the elderly are one of the most susceptible populations. The Bureau of Disease Prevention and Control would like to make the following recommendations for the prevention and control of viral GI illness in nursing facilities (*MMWR, Vol 39, No. RR-5, April 27, 1990*):

◆ **Prevent Employee Acquisition of Illness:** Direct care staff of ill patients should wear disposable gloves. If the contamination of clothing with fecal material is possible, staff should wear gowns. Hands should be washed after each contact. Especially staff that clean areas contaminated with feces or vomitus should also consider the wearing of masks.

◆ **Prevent Employee Transmission of Illness:** Employees are at high risk of transmitting disease. All ill staff should be excluded from contact with residents for at least two days after the resolution of the illness. This exclusion is particularly important for food handlers. Although viral gastroenteritis is typically transmitted person to person, food borne outbreaks can occur when ill food handlers are not excluded from work. If there is an outbreak of gastroenteritis, the BDC recommends that any food handlers who have been ill submit a stool sample and not return to work until that sample has tested negative for bacterial pathogens. Food handlers should also wear disposable gloves, which should be changed frequently.

◆ **Use Safeguards with Laundry:** Soiled clothes and linens should be handled as little as possible and with minimum agitation. Laundry should be transported in an enclosed and sanitary manner, promptly washed at the maximum cycle length, and then machine dried.

◆ **Clean Soiled Surfaces:** Bathrooms and rooms occupied by ill persons should be cleaned on a routine basis. Surfaces that have been soiled, especially by feces or vomit, should be disinfected. Feces and vomitus should be disposed of appropriately.

◆ **Minimize Contact Between Well and Ill Persons:** When possible, ill persons should be isolated from well persons until at least two days after resolution of symptoms. Ill residents who require medical attention should be seen in the patient's living quarters, or at least in a separate area of the medical clinic. Ill individuals should not dine in a common dining area. When possible, group activities should be postponed. If the outbreak is limited to a particular wing or floor of the facility, attempts should be made to

isolate the entire wing or floor. This includes limiting staff to that particular wing or floor. When necessary, it may be appropriate to limit contacts with the community. If visitation cannot be temporarily suspended, it would be appropriate to notify all visitors of the outbreak and to request that any visitors who have had a GI illness in the past two days postpone their visit.

◆ **Stop Renewal of Susceptible Population:** If possible, exclude new admissions and to help prevent the illness from spreading to other nursing facilities, postpone patient transfers.

◆ **Obtain Stool Cultures:** Even when it is suspected that a GI illness is of viral origin, it is still useful to obtain stool cultures to rule out some of the more common bacterial pathogens.